# Form Instructions Provider Request for Spend-Down Medically Needy Notice

## Purpose:

The "Provider Request for Spend-Down Medically Needy Notice" is used by providers to request the Spend-Down Medically Needy Notice (BHSF Form 110-MNP) from the Medical Vendor Administration. The provider may request a replacement of the initial 110-MNP or an amended copy if the provider's bills were not submitted before an eligibility decision was made. Providers may also request the 110-MNP by telephone, but this form is intended to reduce the wait time that providers would spend on the phone to request the 110-MNP.

### **Preparation:**

110-MNP notices may be requested for more than one Medicaid recipient on each "Provider Request" form.

#### Providers should enter:

- Provider name as listed on their contract with Louisiana Medicaid
- XX digit Medicaid provider billing number which is assigned by the Fiscal Intermediary
- Provider representative who will act as the contact person for the request
- E-mail address (if any) of the contact person or provider's office
- Telephone number of the provider's contact person
- Fax number where the 110-MNP should be sent
- Patient's name as it appears on the bill
- Social Security or 13-digit Medicaid ID number (not the card control number on the front of the Medicaid card)
- Date of service This date should coincide with the spend-down date. If the bill is for inpatient services list only the first date that charges were incurred.
- Service or Rx Description This should include a brief description matching the service that is being billed.
- Total Charges on Date of Service The charges should include only those incurred on the "date of service." Do not combine charges for multiple dates of service.

### **Disposition:**

The completed form "Provider Request for Spend-Down Medically Needy Notice" should be faxed to the Medicaid Customer Service Unit at the number listed at the top of the form. The charges submitted will be compared to the coverage dates listed on the Medicaid system and to the bills that were already submitted. If the newly submitted charges do not change the dates of Medicaid eligibility, a 110-MNP will be issued within 1 week of the request.